



## Privacy Act Release Form

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_ Phone (cell): \_\_\_\_\_  
Email address (if available): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please specify if this matter involves any of the following:

- q Dept. of State Visa—Country of origin, Case #: \_\_\_\_\_
- q Immigration—Please provide your alien identification (A#) \_\_\_\_\_
- q VA disability claim—Please provide claim/service#: \_\_\_\_\_
- q Military—Rank, branch of service, complete unit designation: \_\_\_\_\_

Federal Agency involved: \_\_\_\_\_

Brief description of the problem and the specific assistance you need: \_\_\_\_\_

\_\_\_\_\_  
I hereby authorize US Senator Tammy Baldwin and her staff to act on my behalf and to receive and exchange information from the appropriate officials regarding the matter described above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_